

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90038 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052360			
1. Entity Name CAKES & THINGS, INC.			
Principal Place of Business 2451 N.W. 180TH TERR. OPA LOCKA, FL 33066		Mailing Address 2451 N.W. 180TH TERR. OPA LOCKA, FL 33066	
2. Principal Place of Business 967 N.E. 145 STREET Suite, Apt. #, etc. N/A		3. Mailing Address 967 N.E. 145 STREET Suite, Apt. #, etc. N/A	
City & State NORTH MIAMI, FLORIDA		City & State NORTH MIAMI, FL	
Zip 33161		Zip 33161	
Country USA		Country USA	
4. FEI Number 65-0926838		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, HYGLIVE 2451 N.W. 180TH TERR. OPA LOCKA, FL 33066		7. Name and Address of New Registered Agent Name HYGLIVE HARVEY Street Address (P.O. Box Number is Not Acceptable) 967 N.E. 145 STREET City NORTH MIAMI FL Zip Code 33161	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Harvey</i></u> DATE 4-30-03 (NOTE: Registered Agent's Signature Must Appear on this Statement)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HARVEY, HYGLIVE STREET ADDRESS 2451 N.W. 180TH TERR. CITY-ST-ZIP OPA LOCKA, FL 33066		TITLE PRESIDENT/DIRECTOR NAME HARVEY, HYGLIVE STREET ADDRESS 967 N.E. 145 STREET CITY-ST-ZIP N. MIAMI, FL 33161	
TITLE VD NAME HARVEY, HYGLIVE STREET ADDRESS 2451 N.W. 180TH TERR. CITY-ST-ZIP OPA LOCKA, FL 33066		TITLE D/V.P. NAME HARVEY, HILRETH STREET ADDRESS 967 N.E. 145 STREET CITY-ST-ZIP NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(x), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Harvey</i></u> HYGLIVE HARVEY 4/30/03 (305) 940-2257 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90130910



☐ CHECK HERE IF MAKING CHANGES

CH20004 (10/02)